MUNICIPALITY		N.J. DEPARTMENT OF LAW & PUBLIC SAFETY DIVISION OF CONSUMER AFFAIRS LEGALIZED GAMES OF CHANCE CONTROL COMMISSION P.O. BOX 46000 SEWARK, N.J. 07101 BINGO REPORT OF OPERATIONS			1	ID NO.		_ L 🕏
THIS RE	PORT, AS REQUIRED BY N.J.S.A. 5:8-37 AND N.J.A.C. 13:47-9.1, MUST BE FILED WITH ONA				Y OF THE MONTH F	LIC. NO. COLLOWING THE CONDUCT	OF THE GAME(S) OF CI	HANCE.
NAME OF LICENSEE ADI		DRESS		LOCATION OF GAMES				
LOCATION OF GAMES		1	OCCASIONS			_		
		1	2	3	4	5	6 TOTAI	LS
SECTI	ON B							
1	DATE							
2	TIME							
3	# OF PLAYERS							
4	REGULAR GAME SALES (INCLUDING ADMISSION SALES) \$							
5	SPECIAL GAME SALES \$							
6	50/50 BINGO GAME SALES \$							
7	PROGRESSIVE GAME SALES \$							
8	MULTI-COLOR GAME SALES \$							
9	GROSS RECEIPTS (ADD LINES 4 THROUGH 8)							
10	REGULAR GAME PAYOUT \$							
11	SPECIAL GAME PAYOUT \$							
12	50/50 BINGO GAME PAYOUT \$							
13	PROGRESSIVE JACKPOT (IF AWARDED) \$							
14	PROGRESSIVE CONSOLATION PRIZE \$							
15	MULTI-COLOR PAYOUT \$							
16	TOTAL PAVOUT AWARDED \$ (ADD LINES 10 THROUGH							

15)

RENTAL FEE \$

18	SUPPLIES \$			
19	OTHER \$			
20	TOTAL EXPENSES (ADD LINES 10 THROUGH 15 AND 17 THROUGH 19)			
21	NET PROCEEDS (LINE 9 MINUS LINE 20)			
22	PROGRESSIVE OCCASION NUMBER			
23	CARRYOVER TO NEXT OCCASION			
DATE	ON C SCHEDULE OF EXP IF ADDITIONAL SPACE IS REQUIRED, ATTACH DESCRIPTION OF USE & CHE	A SEPARATE SHEET	OF PAPER AMOUN	Γ
SECTIO DATE	UTILIZATION OF NET I IF ADDITIONAL SPACE IS REQUIRED, ATTACH DESCRIPTION OF USE & CHECK NU	A SEPARATE SHEET	OF PAPER AMOUNT	
SECTIO BANK N	NAME AND ADDRESS WHERE BALANCE IS DEPOSITED			
ACCOU	NT NUMBER			
NAME,	ADDRESS AND PHONE NUMBER OF PERSON RESPONSIBLE F	OR USE OF PROCEED	DS .	
<i>COMP OF TH</i> OCCA	ON F TIFY THAT ALL STATEMENTS ON THIS REPORT OF O PLETE FOR THE DATE ON WHICH I WAS THE MEMB TE FOREGOING STATEMENTS ARE WILLFULLY FALS SION MEMBER IN CHARGE ADDRESS DATE	ER IN CHARGE. I	AM AWARE THA TO PUNISHME	T IF ANY
1				
2				
3				
4				
5				
6				
	ON G CH THE NAMES, AGE, ADDRESSES, AND TELEPHO UCTING OR ASSISTING IN THE CONDUCT FOR EA		F ALL MEMBER	S
	I CERTIFY THAT I HAVE REVIEWED THIS REPORT A RT OF OPERATIONS IS TRUE, ACCURATE AND COM GOING STATEMENTS ARE WILLFULLY FALSE, I AM	PLETE. I AM AWA	RE THAT IF ANY	

SIGNATURE (OFFICER)

SWORN AND SUBSCRIBED BEFORE ME THIS

DAY OF	19		
NOTARY PUBLIC			

Revised 12/96 FORM LGCCC 8B-A THIS FORM, IF REPRODUCED, MUST BE COPIED AS ONE COMPLETE PAGE, FRONT AND BACK